

State: Arkansas

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 15 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

 The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard).

 The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

A	
STATE	Arkansas
DATE REC'D	7-27-98
DATE APVD	10-22-98
DATE EFF	12-1-97
HCFA 179	98-18

TN No. 98-18
Supersedes

Approval Date 10-22-98

Effective Date 12-1-97

TN No. 91-56

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 4c
OMB No.:0938-0673

State: Arkansas

Citation

Condition or Requirement

In determining any excess shelter allowance,
utility expenses are calculated using:

X the standard utility allowance under
§5(e) of the Food Stamp Act of 1977; or

the actual unreimbursable amount of the
community spouse's utility expenses less
any portion of such amount included in
condominium or cooperative charges.

b. The monthly income allowance for other dependent
family members living with the community spouse is:

X one-third of the amount by which the
poverty level component (calculated
under §1924(d)(3)(A)(i) of the Act,
using the applicable percentage
specified in §1924 (d)(3)(B)) exceeds the
dependent family member's monthly
income.

_____ a greater amount calculated as follows:

The following definition is used in lieu of the
definition provided by the Secretary to determine the
dependency of family members under §1924 (d)(1):

Reference Attachment 2.6-A, page 5b

c. Amounts for health care expenses described below
that are incurred by and for the institutionalized
individual and are not subject to payments by a third party:

(i) Medicaid, Medicare, and other health insurance
premiums, deductibles, or coinsurance charges,
or copayments.

(ii) Necessary medical or remedial care
recognized under State law but not covered
under the State plan. (Reasonable limits on
amounts are described in Supplement 3 to
ATTACHMENT 2.6-A.)

A	
STATE	Arkansas
DATE REC'D	7-22-98
DATE APP'D	10-22-98
DATE EFF	12-1-98
HCFA 179	98-18

TN No. 98-18
Supersedes

Approval Date 10/22/98

Effective Date 12/1/97

TN No. 9156

State: Arkansas

Citation

Condition or Requirement

435.725
435.733
435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
- a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- o AFDC level; or
- o Medically needy level:

(Check one)

- ☐ AFDC levels in Supplement 1
- ☒ Medically needy level in Supplement 1
- Other: \$ _____

- b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

- (I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

435.725
435.733
435.832

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

☒ No.

☐ Yes (the applicable amount is shown on page 5a.)

A	
STATE	Arkansas
DATE REC'D	9-29-98
DATE APP'D	10-22-98
DATE EFF	12-1-98
HCFA 179	98-18

TN No. 98-18
Supersedes
TN No. 91-56

Approval Date 10/22/98

Effective Date 12/1/97

State: Arkansas

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$_____.
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

STATE <u>Arkansas</u>	A
DATE REC'D <u>7-27-98</u>	
DATE APPV'D <u>10-22-98</u>	
DATE EFF <u>12-1-97</u>	
HCFA 179 <u>98-18</u>	

TN No. 98-18
Supersedes
TN No. 89-43

Approval Date 10/22/98

Effective Date 12/1/97

VISION: HCFA REGION-VI
November 1989

Attachment 2.6-A
Page 56

Revised: December 1997

STATE ARKANSAS

CITATION

CONDITION OR REQUIREMENT

Definition of dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924:

A dependent family member includes minor (under age 18) or dependent (age 18 or over) children, dependent parents, or dependent siblings (including half-brothers and half-sisters) of the institutionalized spouse or community spouse who live in the home of the community spouse. To qualify as a dependent, an individual must be claimed on the income tax return of the institutionalized spouse or community spouse as a dependent, which must be verified by viewing the tax return.

STATE	<u>Arkansas</u>
DATE REC'D	<u>2-27-98</u>
DATE APPV'D	<u>10-22-98</u>
DATE EFF	<u>12-1-98</u>
HCFA 179	<u>98-18</u>
A	

TN No. 98-18

Approval Date

10/22/98

Effective Date

12/1/97

Supersedes TN No.

89-43



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

STATE	<u>Arkansas</u>
DATE RECD	<u>APR 06 1992</u>
DATE APVD	<u>MAY 08 1992</u>
DATE EFF	<u>MAR 01 1992</u>
HCFA 179	<u>92-18</u>

A

State: ARKANSAS

Citation

Condition or Requirement

- ☒ Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- ☐ Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- ☐ Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- ☐ Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- ☐ Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act.
- ☒ Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r) (2) of the Act.
- ☐ Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z) (1) of the Act.

STATE <u>Arkansas</u>	A
DATE REC'D <u>11-3-95</u>	
DATE APV'D <u>11-27-95</u>	
DATE EFF <u>10-31-95</u>	
HCFA 179 <u>95-27</u>	

TN No.

95-27
Supersedes 91-56

Approval Date

11/27/95

Effective Date

10/31/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>— (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>APR 06 1992</u>	
DATE APVD	<u>MAY 08 1992</u>	
DATE EFF	<u>MAR 01 1992</u>	
HCFA 179	<u>92-18</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: <u>X</u> The methods of the SSI program only. — The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

STATE	<u>Arkansas</u>
DATE REC'D	<u>APR 06 1992</u>
DATE APP'D	<u>MAY 08 1992</u>
DATE OFA	<u>MAR 01 1992</u>
HCFA 177	<u>92-18</u>
A	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 8
OMB No.: 0938-

State: ARKANSAS

Citation

Condition or Requirement

- ☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- ☐ For institutional couples, the methods specified under section 1611(e)(5) of the Act.
- ☐ For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- ☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
 - ___ SSI methods only.
 - ___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
 - ___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 91-56

Supersedes See Below

TN No. See Below

Approval Date DEC 30 1991

Effective Date OCT 01 1991

HCFA ID: 7985E

Attachment 2.6-A, Page 6,
Approved 10-11-89, TN 89-30 and
Attachment 2.6-A, Page 18,
Pending Approval, TN 91-17

STATE <u>Arkansas</u>	A
DATE REC'D <u>NOV 27 1991</u>	
DATE APPV'D <u>DEC 30 1991</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-56</u>	